



State File # 2015 019801

PERMIT

Information	necessary for the	Certificate of Deat	th has been comple	eted for

		,					
	Decedent Name	NIX , ANNE L					
	Place of Death	271 CORDAVILLE ROAD, S	OUTHBOROUGH, MA				
ı	Date of Death	APRIL 21, 2015	Date of Bi	rth	MARCH 15, 1938	Sex	FEMALE
DEN	Residence	271 CORDAVILLE ROAD, S	OUTHBOROUGH, MAS	SAC	HUSETTS		
ECE	If U.S. veteran, s,	pecify war/conflict(s) (most recent)					
۵	Branch of military (most recent)			ganiz	ation/outfit(most recent)		
	Date entered (mo	nst recent)	Date Discharged (most recei	11)	Service Number(most	recent)	
~	Certifier PRAM	IOD CHIRA, MD		•	Lic # 41470		
FILER	Addr. 475 FRA	NKLIN STREET, FRAMINGH	IAM, MASSACHUSETT	S 01	701		
CERTI	Immediate Cause CARDIAC AR						
Th	is permit autho	rizes the following Funeral Ser	vice Licensee or Designee	to re	move, dispose or transpor	rt remains	as listed below:
z	Funeral License	e/Designee PHILLIP R. SHORT	•		Li	ic # 50881	
TIOF	Facility. WILL	IAM R. SHORT & SON FUNE	TRAL HOME, MARLBOF	OUO	GH, MASSACHUSETTS	3	
S	Disposition Type CREMATION				Date of Disposition APRIL 23, 2015		
DISPO	Place/Address ALL FAITHS	CEMETERY AND CREMATO	ORY, 7 ISLAND ROAD,	WOF	RCESTER, MASSACHUS	SETTS 010	503
En	dorsements						

1	Registry of Vital Records and Statistics	Board of Healt	Board of Health/Agent for: SOUTHBOROUGH					
LI W	State Tracking # 019801	Local Permit#	E-PERMIT					
Ħ	Date APRIL 23, 2015	Date	·					
-		Name of Agent	-					
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
110	Place of Disposition (Facility Name and Address,		Signature					
IRMA	Evergreen Cemetery (135 Wilson Street	Crem C114	x Mate Water					

Displaced of Disposition

Tune 18 2010

Michael K. Urato

Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2015 000009 RECEIVED

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Гоп	m R-309 07012014					PI	ERMI	.1					•	
Inf	formation neces	sary for th	e Certi	ficate of	Death h	as been c	omplete	ed for:			als imp	17	P]: !
	Decedent Name	ALAN ,	RAN	ION ·	-						SOUTHE	0.30	High	I. ΜΔ
	Place of Death	8 JOHN	MATT	HEWS 1	ROAD,	SOUTHE	JORO U	GH, MA					in the water	1X
ī	Date of Death	JANUAR	Y 02,	2015			Do	ate of Birth	FEBRUAR	Y 20, 1925	5 Sex	MA	ALE	, Q.V
DEN	Residence	8 JOHN	MATT.	HEWS 1	ROAD,	SOUTHE	3OROU	GH, MAS	SACHUSET	TS 01772				
DECEDENT	If U.S. veteran, sp	pecify war/c	onflict(s) (most re	cent)									
DE	Branch of milital	ry (most rece	ent)			Rank/organization/outfit(most recent)								
	Date entered(mo	st recent)				Date Disch 	arged (m	ost recent)	Servi	ice Num ber(i	most recent)			
#	Certifier GUY	NAPOLIT	ANA, I	MD					Lic#	59589				
F	Addr. 41 MALI		BURLI	NGTON	, MASS	SACHUS	ETTS 0	1805						
CERTIFIER	Immediate Cause CONGESTIVI	of Death E HEAR T	FAILU	RE										
TI	his permit autho	rizes the f	ollowir	g Fune	ral Servi	ce Licens	ee or De	signee to	remove, disp	ose or trans	sport remains	as lis	ted be	low:
z	Funeral Licenses	Designee	NANC	Y G MO	RRIS						Lic # 50277			
OSITION	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS													
SIT	Disposition Type CREMATION Date of Disposition JANUARY 05, 2015													
DISPO	Place/Address MOUNT AUBURN CEMETERY, 580 MOUNT AUBURN STREET, CAMBRIDGE, MASSACHUSETTS 02138													
En	dorsements													
	Registry of Vita	l Records a	nd Stati	stics	1	Board	of Healt	h/Agent for	: SOUTHBO	ROUGH				
ERMIT	State Tracking #	000009				Local P	Permit#	14-18			******			
PER	Date	JANUA	ARY 02	2, 2015		Date		JANUA	RY 04, 2015					
_						Name o	fAgent	PAUL J	. BERRY					
z	I hereby certify	that the ren	nains w	ere di spo	sed of in a	accordanc	e with its	terms atti	he place and da	te be low:				
110	Place of Disposit				255)			Signatu	rg					
CONFIRMATION		unt Aubu matory (ia			x Stephen will						
CON	Disposition Type	ematio		Date of I	Dispositio N 8	" <i>2</i> 015		Name of	Superintender	t or Authoria	ed Designee:			

Acceptance of Permit

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

Name of Superintendent or Authorized Designee:

2015 001392

Fon	n R-309 07012014	PERMI	T					
Inf	ormation necessary for the Certificate of Death	has been complete	ed for:					
┢	Decedent Name HINDS, SANDRA L.							
Ì	Place of Death 10 PRENTISS STREET, SOU	THBOROUGH, M	IA					
<u>_</u>	Date of Death JANUARY 09, 2015	Da	ite of Birth	JUNE 12, 1947	Sex	FEMALE		
ENT	Residence 10 PRENTISS STREET, SOU	THBOROUGH, M	IASSACHU	SETTS 01772	•			
ECEDE	If U.S. veteran, specify war/conflict(s) (most recent)							
DE	NO Branch of military (most recent)	<i>1</i> -	Rank/organization/outfit(most recent)					
	Date entered(most recent)	Date Discharged (m	ost recent)	Service Number(mo	st recent)			
~	Certifier PATRICK GUADIZ, MD			Lic # 222979				
RTIFIE	Addr. 20 HOMER AVENUE, AS HLAND, MAS	SSACHUSETTS 0	1721					
CERTI	Immediate Cause of Death CORONARY IS CHEMIC HEART DISEASE							
TI	is permit authorizes the following Funeral Serv	vice Licensee or De	signee to re	move, dispose or transpo	ort remains	as listed below:		
z	Funeral Licensee/ Designee NANCY G MORRIS			1	Lic # 50277			
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
OSITIO	Disposition Type CREMATION			Date of Disposition ${f J}$	ANUARY 13	3, 2015		
DISPO	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
Er	dorsements							
[Registry of Vital Records and Statistics	Board of Healtl	h/Agent for:	SOUTHBOROUGH				
MIT	State Tracking # 001392	Local Permit #	15-2					
PER	Date JANUARY 12, 2015	Date	JANUARY	12, 2015				
"		Name of Agent	PAUL J. I	BERRY				
z	I hereby certify that the remains were disposed of in	accordance with its	terms at the	place and date below:				
TION	Place of Disposition (Facility Name and Address)		Signature					
FIRMA			X			•		

Acceptance of Permit

Disposition Type

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2015 001392 بصم ويجري

Inf	ormation necess	sary for the Certificate of Deat	h has been complete	d for:			H 1:53			
	Decedent Name	HINDS, SANDRA L.					in in a			
	Place of Death	10 PRENTISS STREET, SO	UTHBOROUGH, M	A			***************************************			
۲	Date of Death	JANUARY 09, 2015	Da	te of Birth	JUNE 12, 1947	Sex	FEMALE			
DEN	Residence	10 PRENTISS STREET, SO	UTHBOROUGH, M	ASSACH	USETTS 01772					
DECEDEN	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)								
•	Branch of milita	I	Rank/organization/outfit(most recent)							
	Date entered(mo	st recent)	Date Discharged (mo	 ost recent)	er(most recent)					
æ	Certifier PATR	ICK GUADIZ, MD			Lic# 222979		· · · · · · · · · · · · · · · · · · ·			
FIE	Addr. 20 HOM	ER AVENUE, ASHLAND, MA	ASSACHUSETTS 0	1721	* * * * * -*					
CERTIFIER	Immediate Cause CORONARY	of Death ISCHEMIC HEART DISEASI	E				, , , , , , , , , , , , , , , , , , , ,			
Th	nis permit autho	rizes the following Funeral Se	rvice Licensee or De	signee to r	emove, dispose or tr	ansport remains	as listed below:			
	Funeral Licenses	d Designee NANCY G MORRIS	,			Lic # 50277				
101	Facility. MORI	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
SIT	· ·	CREMATION				osition JANUARY 13, 2015				
DISPOSITION	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
En	dorsements									
	Registry of Vita	l Records and Statistics	Board of Healtl	/Agent for:	SOUTHBOROUGH					
MIT	State Tracking #	001392	Local Permit#	15-2						
PERMIT	Date	JANUARY 12, 2015	Date	JANUAF	RY 12, 2015					
			Name of Agent	PAUL J.	BERRY					
7	I hereby certify	that the remains were disposed of	in accordance with its	terms at th	e place and date below	:				

Cremation

Place of Disposition (Facility Name and Address)

Rural Crematory

Street

Acceptance of Permit

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2015

Signature

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

State File # 2015 001392

Information necessary for the Certificate of Death has been completed for:

2015 JUL 24 A 9: 04

Decedent Name HINDS, SANDRA L

10 PRENTISS STREET, SOUTHBOROUGH, MA Place of Death

Date of Birth JUNE 12, 1947

Date of Death Residence

JANUARY 09, 2015

10 PRENTISS STREET, SOUTHBOROUGH, MASSACHUSETTS 01772

If U.S. veteran, specify war/conflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier PATRICK GUADIZ, MD

Lic # 222979

Addr. 20 HOMER AVENUE, AS HLAND, MASSACHUSETTS 01721

Immediate Cause of Death

CORONARY IS CHEMIC HEART DISEASE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee Designee NANCY G MORRIS

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition JANUARY 13, 2015

Place/Address

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 001392 Local Permit# Date **JANUARY 12, 2015** Date **JANUARY 12, 2015** PAUL J. BERRY Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Rural Cemetery

11 Cordaville Rd., Southborough, MA

CONFIRMATION Sec. M, Grv#135A

Disposition Type burial of Date of Disposition

July 23, 2015 cremated remains

Signature

Name of Superintendent on ized Designee: Bridget A. Gilleney-DeCenzo

Acceptance of Permit

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State File # 2015 008128

1 011	II 1307 07012014								
Inf	ormation necessary for the Certificate of Death ha	as been complete	d for:						
	Decedent Name DAKAI, EDWARD THOM	MAS							
	Place of Death 28 OREGON ROAD, SOUTHBO	OROUGH, MA							
T	Date of Death FEBRUARY 14, 2015	Da	te of Birth J	ULY 12, 1946	Sex	MALE			
ENT	Residence 28 OREGON ROAD, SOUTHBO	OROUGH, MASS	SACHUSET	ГЅ 01772					
ECEDI	If U.S. veteran, specify war/conflict(s) (most recent)								
D E	VIETNAM Branch of m ilitary (most recent)	R	ank/organizat	ion/outfit(most recent)					
	MARINE CORPS		FC	ion ough (most recent)					
		ate Discharged (mo	ost recent)	Service Number(m	ost recent)				
		IARCH 14, 1968		2067114					
ER	•	Certifier DAVID CARLSON, MD Lic # 227107							
RTIFIER	Addr. 33 E MAIN STREET, WESTBOROUGH,	MASSACHUSE	TTS 01581						
ERT	Immediate Cause of Death METASTASIZED BLADDER CANCER								
CE	WILLIAM LANGE DEED DER CHIVOLAN								
Tł	is permit authorizes the following Funeral Service	ce Licensee or De	signee to rem	ove, dispose or transp		as listed below:			
z	Funeral Licensee/ Designee NANCY G MORRIS				Lic # 50277				
101	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
DISPOSITIO	Disposition Type BURIAL	Date of Disposition 1	FEBRUARY	19, 2015					
SP 0	Place/Address								
D 18	BOURNE NATIONAL CEMETERY, CONERY	AVENUE, BOU	IRNE, MASS	SACHUSETTS 02532					
En	dorsements								
	Registry of Vital Records and Statistics	Board of Health	/Agent for: SO	OUTHBOROUGH					
ERMIT	State Tracking # 008128		15-3			-			
ERN	Date FEBRUARY 17, 2015	Date	FEBRUARY	7 17, 2015					
Ь		Name of Agent	MICHELLE	•					
		<u> </u>		 					
NO	I hereby certify that the remains were disposed of in a	ccordance with its		lace and date below:					
FIRMATION	Place of Disposition (Facility Name and Address)		Signature						
K M A									
FIR			X						
Z	Discontinue Time		Mama of Car	navintandant on Authorina	d Dagiomag:				

Acceptance of Permit

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State File #

Form R-309 07012014 `UTHBOROULH, MA

.mı	ormation neces	sary for the Certificate of Death 1	ias been compiete	a 101:			• •	J-N	
	Decedent Name	DAKAI , EDWARD THO	MAS						
	Place of Death	28 OREGON ROAD, SOUTHE	OROUGH, MA						
F	Date of Death	FEBRUARY 14, 2015	Da	te of Birth J	ULY 12, 1946	Sex	MALE		
DEN	Residence	28 OREGON ROAD, SOUTHE	OROUGH, MAS	SACHUSET	ΓS 01772				
DECEDENT	VIETNAM	pecify war/conflict(s) (most recent)							
	Branch of milital MARINE CO		Rank/organization/outfit(most recent) PFC						
	Date entered(mo AUGUST 29, 1		Date Discharged (m MARCH 14, 1968	ost recent)	Service Number(mo 2067114	ost recent)			
24	Certifier DAVII	D CARLSON, MD			Lic # 227107				
FIE		IN STREET, WESTBOROUGH	, MASSACHUSI	ETTS 01581					
CERTIFIER	Immediate Cause METAS TAS IZ	e of Death—— ZED BLADDER CANCER		-	-				
Tì	nis permit autho	rizes the following Funeral Servi	ice Licensee or De	signee to rem	ove, dispose or transp	ort remains	as listed belo	w:	
\vdash	Funeral License	e/Designee NANCY G MORRIS	·····			Lic# 5027 7			
01	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS								
SIT	Disposition Type	BURIAL			Date of Disposition F	EBRUARY :	19, 2015		
DISPOSITION	Place/Address BOURNE NAT								
En	dorsements								
Ŀ	Registry of Vita	l Records and Statistics	Board of Healtl	Agent for: So	OUTHBOROUGH				
PERMIT	State Tracking #	008128	Local Permit#	15-3					
PER	Date	FEBRUARY 17, 2015	Date	FEBRUARY	7 17, 2015				
			Name of Agent	MICHELLE	JENKINS				
Z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
FIRMATION	Place of Dispos	ipin (Mac II) Natue mii Address)		Signature	orintendent or Authorized	n to			
Z	Disposition Type	Date of Disposition	on ,	Name of Su	perintendent or Authorized	l Designee:			

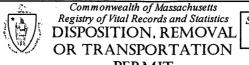
Acceptance of Permit

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State File #

2015 008183

For	n R-309 07012014	PERMI	Γ				
Inf	ormation necessary for the Certificate of Death ha	as been complete	d for:				
ER DECEDENT	Certifier EDWARD P. HOFFER, MD	Da OROUGH, MAS R ate Discharged (mail	SACHUS E	tion/outfit(most recent) Service Num ber(most Lic # 35453	Sex	FEMALE	
CERTIFIER	Addr. 655 CONCORD STREET, FRAMINGHAN Immediate Cause of Death LUNG CANCER	1, MASSACHU	SEITS 0170				
Th	nis permit authorizes the following Funeral Servic	e Licensee or Des	signee to ren	nove, dispose or transpor	rt remains	as listed below:	
Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type BURIAL Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements	T				<u> </u>	
PERMIT	Registry of Vital Records and Statistics State Tracking # 008183 Date FEBRUARY 17, 2015	Board of Health Local Permit # Date Name of Agent	15-4 FEBRUARY	OUTHBOROUGH Y 17, 2015 E JENKINS			
ONFIRMATION	I hereby certify that the remains were disposed of in a Place of Disposition (Facility Name and Address)		Signature X				
0	Disposition Type Date of Disposition	!	Name of Su	perintendent or Authorized L)esignee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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2015 008183 State File #

Information necessary for the Certificate of Death has been completed for: Decedent Name MELEONES, HELEN Place of Death 71 OAKHILL ROAD, SOUTHBOROUGH, MA Date of Birth APRIL 22, 1930 **FEMALE** FEBRUARY 16, 2015 Date of Death 71 OAKHILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflia(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit/most recent) Service Number(most recent) Date Discharged (most recent) Date entered(most recent) Lic# 35453 Certifier EDWARD P. HOFFER, MD Addr. 655 CONCORD STREET, FRAMINGHAM, MASSACHUS ETTS 01702 Immediate Cause of Death LUNG CANCER This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic# 50277 Funeral Licensee Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUSETTS Date of Disposition FEBRUARY 23, 2015 Disposition Type BURIAL Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS \$1772 **Endorsements** Designer of Vital Passards and Statistics Pound of Worldhitt mont for: SOUTH POPOLICH

L	. 1	Kegistry of Altas Records and 2 m	LOSTICS	Board of Health Agent for: SOUTH BOACOGN					
	E	State Tracking # 008183		Local Permit#	15-4				
	Z 2	Date FEBRUARY	17, 2015	Date	FEBRUARY 17, 2015				
1	٦			Name of Agent	MICHELLE JENKINS				
	z	I be reby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	2	Place of Disposition (Facility Name	e and Address)	_	Signature				
	<u>۲</u>	Rural Cemetery, So	uthborough,	MA					
	H L	Sec. G. Grv#15			x (f flling - De				
1	3	Disposition Type	Date of Disposition]	Name of Superintendent or Authorized Designee:				

Acceptance of Permit

Full Earth Burial

Permits printed with the designation "E-PERM IT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

February 23, 2015

Bridget A. Gilleney-DeCenzo

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2015 009886

ŀ	n R-309 07012014			PERMI	\mathbf{T}			
Inf	ormation necess	sary for the Cer	tificate of Deat	h has been complete	d for:			
DECEDENT	Place of Death Date of Death Residence	FEBRUARY 2 20 PRES IDEN' pecify war/conflict y (most recent)	TIAL DRIVE, 3, 2015 TIAL DRIVE,	SOUTHBOROUG	tte of Birth A H, MASSAC Rank/organizat	PRIL 30, 1953 HUSETTS 01772 ion/outfit(most recent) Service Number(mo	Sex	FEMALE
CERTIFIER	Ť	of Death	•	N, MASSACHUSEI	TS 02215	Lic # 81482		
Th	is permit autho	rizes the followi	ing Funeral Se	rvice Licensee or De	signee to rem	nove, dispose or transp	ort remains	as listed below:
NOILISOUSIQ	Facility. EUGE Disposition Type Place/Address	BURIAL	THY AND SO	NS FUNERAL HON		AMINGHAM, MASS Date of Disposition F	EBRUARY :	
En	dorsements							
PERMIT	Registry of Vital Records and Statistics State Tracking # 009886 Date FEBRUARY 25, 2015			Board of Health Local Permit # Date Name of Agent	A/Agent for: SO 15-5 FEBRUARY MICHELLE			
CONFIRMATION		that the remains vion (Facility Name		in accordance with its	Signature	ace and date below:		
CONF	Disposition Type	· · · · · · · · · · · · · · · · · · ·	Date of Dispos	ition	Name of Sup	oerintendent or Authorized	Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

PERMIT

State File #

2015 009886

Sex

FEMALE

Information necessary for the Certificate of Death has been completed for:

Decedent Name BURGESS, JANICE MARY

Place of Death 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA

Date of Death FEBRUARY 23, 2015 Date of Birth APRIL 30, 1953

Residence 20 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772

If U.S. veteran, specify war/conflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered(most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier SUSANA MARIA CAMPOS, MD

Lic # 81482

Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215

Immediate Cause of Death
OVARIAN CANCER

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee EUGENE J MCCARTHY, JR

Lic # 5369

Facility. EUGENE J. MCCARTHY AND SONS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS

Disposition Type BURIAL

Date of Disposition FEBRUARY 27, 2015

Place/Address

RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUS ETTS 01772

Endorsements

IRMATIO

Registry of Vital Records and Statistics

Board of Health/Agent for: SOUTHBOROUGH

State Tracking # 009886

Date FEBRUARY 25, 2015

Date FEBRUARY 25, 2015

Name of Agent MICHELLE JENKINS

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Rural Cemetery

Southborough, MA 01772

Sec. M, Grv#365

Disposition Type

Date of Disposition

Full Earth Burial February 27, 2015

__///

Signature

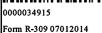
Name of Superintendent or Authorized Designee:
Bridget A. Gilleney-DeCenzo

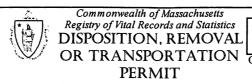
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File#

2015 012433

OCME CASE # 2015-3276

Information necessary for the Certificate of Death has been completed for:

1			_							
	Decedent Name	WAUGH , BEATRICE								
	Place of Death	261 CORDAVILLE ROAD	D, SOUTHBOROUGH, MA							
₋	Date of Death	MARCH 09, 2015	Date of Birth	MAY 11, 1918	Sex	FEMALE				
DENT	Residence	261 CORDAVILLE ROA	D, SOUTHBOROUGH, MASSA	ACHUSETTS 01772						
ECE	If U.S. veteran, s	pecify war/conflict(s) (most rece	nt)							
^	Branch of milita	ry (most recent)	Rank/organization/outfit(most recent)							
	Date entered(mo	st recent)	Date Discharged (most recent)	Service Number(mo	st recent)					
_	Certifier RICH	ARD J. EVANS, MD		Lic # 58622						
FIE	Addr. 55 LAKE AVENUE N, WORCESTER, MASS ACHUSETTS 01655									
RTI		Immediate Cause of Death								
CE	ATHEROSCL	EROTIC CARDIOVASCU	LAR DISEASE							
TI	is permit autho	rizes the following Funeral	Service Licensee or Designee to	remove, dispose or transp	ort remains	as listed below:				
H	-				Lic # 50277					
z	Puneral Decenses Designed WAITE I G INDINGS									
1T10	Facility. MOR	RIS FUNERAL HOME, SC	OUTHBOROUGH, MASSACHU	SEITS						
S	Disposition Type	CREMATION		Date of Disposition $oldsymbol{N}$	1ARCH 12, 2	2015				
10	l									

Endorsements

_	Registry of Vital Records and Statistics		Board of Healtl	Board of Health/Agent for: SOUTHBOROUGH				
M	State Tracking #	012433	Local Permit#	15-6				
P E R	Date MARCH 11, 2015		Date	MARCH 11, 2015				
_			Name of Agent	MICHELLE JENKINS				
NOI	I hereby certify that the remains were disposed of in a Place of Disposition (Facility Name and Address)			terms at the place and date below: Signature				
MATI	T face of Disposine	m (1 demiy mane and maness)						
FIR				X				
Z	Disposition Type Date of Dispo		position	Name of Superintendent or Authorized Designee:				

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

61060

	- C	Commonwealth of Massachusetts							
	Regi	sistry of Vial Records and Statistics SPOSITION, REMOVAL State File # 2	015 012433						
	OR OR	TD ANICDOD TATION							
	00034915 CR	DED) (TE	710 HID						
1		· · · · · · · · · · · · · · · · · · ·	215 IM 24 P : 5						
In	formation necessary for the Certificate of Death I	has been completed for:	<u>SOUTHBOROUGH, MA</u>						
Γ	Decedent Name WAUGH , BEATRICE -	_	SECTION OF THE						
	Place of Death 261 CORDAVILLE ROAD, SO	OUTHBOROUGH, MA							
۱,	Date of Death MARCH 09, 2015	D . 40. 1 \$5177.44 .44.0	Sex FEMALE						
EN	Residence 261 CORDAVILLE ROAD, SO	OUTHBOROUGH, MASSACHUS ETTS 01772	DES PENIALE,						
CEDENT	If U.S. veteran, specify wardconflia(s) (most recent)								
DE	NO Branch of military (most recent)	D. H							
	— (max/cccin)	Rank/organization/outfit(most recent) ——							
	Date entered (most recent)	Date Discharged (most recent) Service Number (most recent	e)						
æ	Certifier RICHARD J. EVANS, MD	Lic # 58622							
Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655									
ETI	Immediate Cause of Death								
CER	ATHEROS CLEROTIC CARDIOVAS CULAR	DISEASE							
Th	is permit authorizes the following Funeral Servi	ice Licensec or Designee to remove, dispose or transport rem							
	Funeral Licensee Designee NANCY G MORRIS	Lic# 50							
ON			277						
051710	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
Disposition Type CREWATION Date of Disposition MARCH 12, 2015									
٠.	Place/Address		12, 2013						
DISP	Place/Address RURAL CEMETERY, 180 GROVE STREET, V		12, 2013						
	RURAL CEWETERY, 180 GROVE STREET, V		12, 2013						
	RURAL CEMETERY, 180 GROVE STREET, V	WORCESTER, MASSACHUSETTS 01605	12, 2013						
En	RURAL CEWETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH	. 12, 2013						
En	RURAL CEVETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics State Tracking ii 012433	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6							
	RURAL CEWETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6 Date MARCH 11, 2015							
En	RURAL CEVETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics State Tracking ii 012433	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6							
FRWIT	RURAL CEWETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics State Tracking ii 012433 Date MARCH 11, 2015 I hereby certify that the remains were disposed of in a	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6 Date MARCH 11, 2015 Name of Agent MICHELLE JENKINS							
ED TIWHE NOT	RURAL CEVETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics State Tracking ii 612433 Date MARCH 11, 2015 I hereby certify that the remains were disposed of in a Place of Disposition (Fortice Walls)	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6 Date MARCH 11, 2015 Name of Agent MICHELLE JENKINS							
ED TIWHE NOT	RURAL CEVETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics State Tracking ii 612433 Date MARCH 11, 2015 I hereby certify that the remains were disposed of in a Place of Disposition (Fortice Walls)	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6 Date MARCH 11, 2015 Name of Agent MICHELLE JENKINS accordance with its terms at the place and date below: Signature							
TIMBERMIT OF	RURAL CEVETERY, 180 GROVE STREET, V dorsements Registry of Vital Records and Statistics State Tracking ii 612433 Date MARCH 11, 2015 I hereby certify that the remains were disposed of in a Place of Disposition (Fortice Walls)	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6 Date MARCH 11, 2015 Name of Agent MICHELLE JENKINS accordance with its terms at the place and date below: Signature	shell						
TIMBERMIT OF	RURAL CEVETERY, 180 GROVE STREET, V. dorsements Registry of Vital Records and Statistics State Tracking ii (12433) Date MARCH 11, 2015 I hereby certify that the remains were disposed of in a Place of Disposition (1040) Warre and Address) RUFAL STOVE STORMAN 01605 Disposition (1040) Date of Disposition	Board of Health/Agent for: SOUTHBOROUGH Local Permit # 15-6 Date MARCH 11, 2015 Name of Agent MICHELLE JENKINS accordance with its terms at the place and date below: Signature X	shell						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registrar by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





PERMIT

State File #

2015 012921

Form R-309 07012014

Inf	formation neces	sary for the Certificate of Death	has been completed for:					
	Decedent Name	COLDWELL, STEPHEN	OWEN					
	Place of Death	85 MIDDLE ROAD, SOUTHB	OROUGH, MA					
F	Date of Death	MARCH 13, 2015	Date of Birth	MAY 07, 1939	Sex MALE			
DEN	Residence	85 MIDDLE ROAD, SOUTHB	OROUGH, MASSACHUSE	TTS 01772				
DECEDENT	If U.S. veteran, sp	pecify war/conflict(s) (most recent)			······································			
1	Branch of militar	y (most recent)	Rank/organi	ization/outfit(most recent)				
	Date entered(mo.	st recent)	Date Discharged (most recent)	Service Num ber(mo	ost recent)			
×	Certifier LAKS	HMI NAYAK, MD		Lic # 247880		_		
IPIE	Addr. 450 BRO	OKLINE AVENUE, BOSTON,	MASSACHUSETTS 02215					
CERTIFIER	Immediate Cause MALIGNANT							
Th	nis permit autho	rizes the following Funeral Serv	ice Licensee or Designee to r	emove, dispose or transp	ort remains as listed below:	_		
7	Funeral Licensee	Designee NANCY G MORRIS			Lic # 50277	_		
01.	Facility. MORI	RIS FUNERAL HOME, SOUTH	BOROUGH, MASSACHUS	SETTS				
SIT	Disposition Type	BURIAL		Date of Disposition MARCH 18, 2015				
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements							
Г	Registry of Vital	Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH		_		
TIW	State Tracking #	012921	Local Permit# 15-7			_		

1 _	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH				
M	State Tracking #	012921	Local Permit#	15-7			
PER	Date	MARCH 13, 2015	Date	MARCH 16, 2015			
			Name of Agent	MICHELLE JENKINS			
z	Z I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
12	Place of Disposition (Facility Name and Address) Signature						

Signature Disposition Type Date of Disposition Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2015 012921

7015 MAR 25 A II: 20

Information necessary for the Certificate of Death has been completed for:

								SEUTUSOR	OHOU	2.41 A
	Decedent Name	COLDWELL	, STEPHEN	OWEN				-scutilbor	woon,	11/11/9
	Place of Death	85 MIDDLE R	OAD, SOUTHI	BOROUGH, MA						. ,
T	Date of Death	MARCH 13, 20	D15	Da	ite of Birth	MAY	07, 1939	Sex	MALE	
ENT	Residence	85 MIDDLE R	OAD, SOUTHI	BOROUGH, MASS	ACHUSE	TTS 01	1772			
DECED	If U.S. veteran, s NO	pecify war/conflict((s) (most recent)							
D	Branch of milita	ry (most recent)	1	Rank/organization/outfit(most recent)						
	Date entered(mo	Date Discharged (me	aost recent) Service Number(most recent)							
M	Certifier LAKS	HMI NAYAK, I	MD				Lic# 247880			
FIE	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215									
CERTIFIER	Immediate Cause MAGLIGNAN									
Th	is permit autho	rizes the followi	ing Funeral Ser	vice Licensee or De	signee to r	remove,	dispose or tr	ansport remains	as listed b	elow:
DISPOSITION	Funeral License	Designee NAN	CYG MORRIS					Lic# 50277		
	Facility. MORI	RIS FUNERAL	HOME, SOUTI	HBOROUGH, MAS	SSACHUS	SETTS				
	Disposition Type BURIAL Date of Disposition MARCH 18, 2015									
SPC	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772									
ā	RURAL CEVIETERI, 11 CORDAVILLE RUAD, SUUTIBURUUGH, MASSACHUSEI 18 UI //2									
En	dorsements									
	Registry of Vita	l Records and Sta	tistics	Board of Healtl	Agent for:	SOUT	HBOROUGH			
PERMIT	State Tracking #	012921		Local Permit#	E-PERM	IT				
PER	Date	MARCH 13,	2015	Date	Date					
				Name of Agent						
z	I hereby certify	that the remains v	vere disposed of i	accordance with its	terms at th	e place a	and date below	:		
TION		ion (Facility Name	and Address)		Signatur	e	1/ 10	~ `\		
MA	Rural C	•	01772	•		<		(.		
CONFIRM	Sec. 5.	rough, MA Lot 13-A,	Grv#1		X '	/).(All	M1-1/2 ~		
ON	Disposition Type		Date of Disposit	ion	Name of	Superin	iendeyt or Auth	orized Designee:		
ပ	Full Eart	h Burial	March 1	8, 2015	Brid	dget	A. Gille	enev-DeCenz	0	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File#

2015 016243

OCME CASE # 2015-3635

Fon	n R-309 07012014	PERMI	1					
Inf	ormation necessary for the Certificate of Deat	h has been complete	d for:					
	Decedent Name FERRIS , DONALD F							
	Place of Death 6 ANDREWS WAY, SOUTH	BOROUGH, MA						
_	Date of Death MARCH 17, 2015	Da	te of Birth	MARCH 13, 1945	Sex	MALE		
DENT	Residence 6 ANDREWS WAY, SOUTH	BOROUGH, MASS	ACHUSE	TTS 01772				
DECEI	If U.S. veteran, specify war/conflict(s) (most recent) UNKNOWN							
_	Branch of military (most recent) MARINE CORPS	F	Rank/organization/outfit(most recent)					
	Date entered(most recent)	Date Discharged (mo	ost recent) Service Number(most recent)					
	Certifier RICHARD J. EVANS, MD			Lic # 58622				
CERTIFIER	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655							
TIF	Immediate Cause of Death	WASSACTIOSETT	3 01033					
CER	ATHEROS CLEROTIC CARDIOVAS CULA	R DISEASE						
Th	ais permit authorizes the following Funeral Se	rvice Licensee or De	signee to r	emove, dispose or transpor	t remains:	as listed below:		
Т	Funeral Licensee/ Designee JOHN PROWE			Lic	# 5375			
DISPOSITION	Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS							
SIT	Disposition Type CREMATION Date of Disposition APRIL 03, 2015							
SPO	Place/Address							
DI	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements							
_	Registry of Vital Records and Statistics	Board of Health	/Agent for:	SOUTHBOROUGH				
PERMIT	State Tracking # 016243	Local Permit#	15-8					
PER	Date APRIL 02, 2015	Date	APRIL 0	2, 2015				
	:	Name of Agent	MICHEL	LE JENKINS				
Z	I hereby certify that the remains were disposed of	in accordance with its	terms at the	e place and date below:				
TI	Place of Disposition (Facility Name and Address)		Signature	2				
M								
ONFIRMATION			X					
0	Disposition Type Date of Disposi	Name of S	Superintendent or Authorized D	esignee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

61188





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File # 2015 016243

OCME CASE # 2015-3635

APR 30 A Su

Information necessary for the Certificate of Death has been completed for:

A. 1. 1.	ormation access	sary for the Certificate of Death	nas been complete				okuush, MA:		
	Decedent Name	FERRIS , DONALD F							
	Place of Death	6 ANDREWS WAY, SOUTHB	OROUGH, MA						
1	Date of Death	MARCH 17, 2015	Da	te of Birth M.	ARCH 13, 1945	Sex	MALE		
DENT	Residence	6 ANDREWS WAY, SOUTHB	OROUGH, MASS	ACHUSETTS	S 01772				
ECED	UNKNOWN	pecify war/conflict(s) (most recent)							
	Branch of militar MARINE CO	RPS	-	-	on/outfit(most recent)				
	Date entered(mo	st recent)	Date Discharged (mo 	st recent)	Service Number(m	ost recent)			
	Certifier RICH	ARD J. EVANS, MD			Lic # 58622				
FIE		AVENUE N, WORCESTER, N	MASSACHUSETT	S 01655			· · · · · · · · · · · · · · · · · · ·		
CERTIFIER	Immediate Cause								
TH	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
SITION	Funeral License	e Designee JOHN PROWE				Lic # 5375			
	Facility. JOHN	P. ROWE FUNERAL HOME I	NC., MARLBORO	UGH, MASS	SACHUSETTS				
		CREMATION			Date of Disposition	APRIL 03, 2 0	15		
DISPO	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
	Registry of Vita	l Records and Statistics	Board of Health	Agent for: SO	UTHBOROUGH				
MIT	State Tracking #		Local Permit#	E-PERMIT					
PERI	Date	APRIL 02, 2015	Date	-					
			Name of Agent						
N	l hereby certify	that the remains were dispused of in	accordance with its	terms at the pl	ace and date below:				
TIC	Place of Disposi	tion (Facility Name What Address	<i>0</i> 5	Signature		20	101.		
Z M A		Rurai Grove MAUI			John ?	N Co	nec		
ONFIRMATION		180 Janer,		X					
000	Disposition Type	tion (Facility Name White Appears of the tion (Facility Name White Appears of the Paris of the P	2 2015	Name of Sup	erintendent or Authorize				
Ĺ	Crem	ation			John H	Cobill			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2015 019801

0000048537

Form R-309 07012014

Inf	ormation necessary for the Cer	tificate of Death ha	is been complete	d for:							
	Decedent Name NIX , ANN	E L									
	Place of Death 271 CORDAV	ILLE ROAD, SOU	JTHBOROUGH	, MA							
Т	Date of Death APRIL 21, 20	15	Da	te of Birth	MARCH 15, 1938	Sex	FEMALE				
ENT	Residence 271 CORDAV	ILLE ROAD, SOU	JTHBOROUGH	, MASSAC	CHUSETTS						
ECED	If U.S. veteran, specify war/conflict	(s) (most recent)									
DE	NO Branch of military (most recent)	F	Rank/organiz	cation/outfit(most recent)							
		-									
	Date entered(most recent)	De	ate Discharged (mo -	(most recent) Service Number(most recent)							
×	Certifier PRAMOD CHIRA, MD Lic # 41470										
RTIFIER	Addr. 475 FRANKLIN STREET, FRAMINGHAM, MASSACHUSETTS 01701										
CERT	Immediate Cause of Death CARDIAC ARREST										
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
z	Funeral Licensee/Designee PHIL	LIP R. SHORT			L	ic # 50881					
ITIO	Facility. WILLIAM R. SHOR	T & SON FUNERA	L HOME, MAR	LBOROU	GH, MASSACHUSETT	S					
တ	Disposition Type CREMATION Date of Disposition APRIL 23, 2015										
ISPO	Place/Address ALL FAITHS CEMETEDY AND CDEMATORY 7 ISLAND DOAD WODCESTED MASS ACHISETTS 01603										
D I	ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603										
En	dorsements										
r	Registry of Vital Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH						
MIT	State Tracking # 019801		Local Permit#	15-9							
PER	Date APRIL 23, 2	2015	Date	APRIL 23	3, 2015						
			Name of Agent	MICHEL	LE JENKINS						
z	I hereby certify that the remains	were disposed of in a	ccordance with its	terms at the	place and date below:						
FIRMATION	Place of Disposition (Facility Name	e and Address)		Signature	!						
M A											
FIR	•			X							
CON	Disposition Type	Date of Disposition	ı	Name of S	Superintendent or Authorized	Designee:					
Ľ											

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



State File #

2015 019801

PEREN

Form R-309 07012014

datad fo

2915 MAY 12 D 2: 02

mı	ormation neces:	sary for the Certi	incate of Death	nas been compiete	a tor:			- 0/2		
	Decedent Name	NIX , ANNE	E L				SUUTIBOR	Juan, Ma		
	Place of Death	271 CORDAVI	LLE ROAD, SO	OUTHBOROUGH	, MA					
F	Date of Death	APRIL 21, 2015	5	Da	te of Birth M	IARCH 15, 193	8 Sex	FEMALE		
DENT	Residence	271 CORDAVI	LLE ROAD, SO	OUTHBOROUGH	, MASSACH	USETTS				
ECEI	If U.S. veteran, s	pecify war/conflict(s) (most recent)							
DE	Branch of milita	ry (most recent)		1	Rank/organization/outfit(most recent)					
	Date entered(mo	ost recent)		Date Discharged (most recent) Service Number(most recent)						
~	Certifier PRAM	IOD CHIRA, MI	D			Lic # 41470)			
TIFIE	Addr. 475 FRA	NKLIN STREE	T, FRAMINGH	AM, MASSACHU	SETTS 0170	1				
🗠	Immediate Cause									
CE	CARDIAC AR	RES I								
Tł	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
ITION	Funeral License	e/Designee PHILI	IP R. SHORT				Lic # 50881			
	Facility. WILL	IAM R. SHORT	& SON FUNE	RAL HOME, MAI	LBOROUGH	I, MASSACH	USETTS			
0817	Disposition Type	CREMATION				Date of Dispos	sition APRIL 23, 20	15		
SP	FIGURE/AGRESS									
DI	ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603									
En	dorsements									
	Registry of Vita	l Records and Stat	tistics	Board of Healtl	n/Agent for: SC	OUTHBOROUG	Н			
MIT	State Tracking #	019801		Local Permit#	E-PERMIT					
ER	Date	APRIL 23, 20	015	Date						
4				Name of Agent						
z	I he reby certify	that the remains v	vere disposed of in	accordance with its	terms at the pl	ace and date be lo	w:			
ATION	Place of Disposit	tion (Facility Name	and Address)		Signature					
MA		۸ ۵		.)	1 Q	0	On a			
ONFIRM	All Fait	hs Crem	atory 1	Worcesta	/x O	can P.	Inderson	-		
CON	Disposition Type	Lana	Date of Dispositi	of 2x16		erintendenfor Au	thorized Pesignee:			
	LOCK10	470/	4d	17900	Sea	ell Fil	7101480K)		

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2015 023029

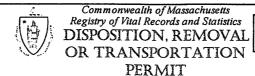
l	n R-309 07012014			PERMI	Τ			
Inf	ormation neces	sary for the Certif	icate of Death h	as been complete	d for:			
	Decedent Name	COLDWELL ,	RAYMOND	E				
	Place of Death	83 MIDDLE RO		OROUGH, MA				
_	Date of Death	MAY 11, 2015	•		ite of Birth	MARCH 06, 1941	Sex	MALE
ENT	Residence	83 MIDDLE RO	AD, SOUTHBO		-			
DECED		pecify war/conflict(s)	(most recent)					
DE	NO Branch of m ilitary (most recent)			-	Rank/organi 	zation/outfit(most recent)		
	Date entered(mo	st recent)		Date Discharged (mo 	ost recent)	Service Number(mo	ost recent)	
~	Certifier CON	VIE R DREXLER,	MD			Lic # 71130		
RTIFIE	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532							
CERT	Immediale Couse MES OTHELIC	e of Death OMA						
TI	is permit autho	rizes the followin	g Funeral Servi	ce Licensee or De	signee to r	emove, dispose or transp	ort remains	as listed below:
z.	Funeral Licensee/ Designee JOHN PROWE Lic # 5375							
01	Facility: JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS							
SITIO	Disposition Type CREMATION Date of Disposition MAY 14, 2015							
SPO	Place/Address							
SIG	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements							7.00
,	Registry of Vita	l Records and Statis	tics	Board of Healtl	1/Agent for:	SOUTHBOROUGH		
ERMIT	State Tracking #	023029		Local Permit#	15-10	· · · · · · · · · · · · · · · · · · ·		
PER	Date .	MAY 12, 2015		Date	MAY 13,	, 2015		• •
				Name of Agent	MICHEL	LE JENKINS		
z			•	recordance with its	terms at th	e place and date below:		
AT10	Place of Disposi	tion (Facility Name a	nd Address)		Signatur	e		
FIRMA	 *				X			
Z O	Disposition Type		Date of Disposition	ri	Name of	Superintendent or Authorizea	Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2015 023029

2015 MAY 26 P 5: 57

Information necessary for the Certificate of Death has been completed for:

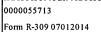
	,	incace of Death ha			Saura	Ropotto	13 54 A		
Decedent Name	COLDWELL	, RAYMOND	E			- WOLLD CO	TI, ITA		
Place of Death	83 MIDDLE R	OAD, SOUTHBO	ROUGH, MA						
Date of Death	MAY 11, 2015		Da	te of Birth	MARCH 06, 1941	Sex	MALE		
Residence			ROUGH, MASS	ACHUSET	TS 01772				
NO		(s) (most recent)	F.	Cank/organiza	ttion/outfit(most recent)				
Date entered(mo	st recent)	Da 	te Discharged (mo	ost recent)	Service Number(most	trecent)			
Certifier CONN	VIE R DREXLER	R, MD			Lic # 71130				
Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532									
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
			C., MARLBORO	UGH, MA		ic# 5375			
-			,	,		AY 14. 2015			
Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605									
dorsements									
Registry of Vita	l Records and Sta	tistics	Board of Health/Agent for: SOUTHBOROUGH						
State Tracking #	023029		Local Permit#	E-PERMIT					
Date	MAY 12, 201	15	Date						
			Name of Agent						
I he reby certify	that the remains y	vere disposed of in ac	cordance with its		place and date below:				
Place of Disposit	ion Androwe S 80 Grove S Notucester,	and Address) Areet MA 01605		X	•		U		
Disposition Type	nation	Date of Disposition	5 2015	Name of Si	uperintendent or Authorized l John H. (d	41			
	Place of Death Date of Death Residence If U.S. veteran, s NO Branch of militar Date entered (more Certifier CONN Addr. 112 MAI Immediate Cause MES OTHELIC is permit autho Funeral Licensee Facility. JOHN Disposition Type Place/Address RURAL CEMI dorsements Registry of Vita State Tracking # Date I hereby certify Place of Disposition Type	Place of Death Date of Death Date of Death MAY 11, 2015 Residence 15 MAY 11, 2015 Residence 15 MAY 11, 2015 Residence 16 MAY 12 MAIN STREET, NO Residence Converted to the following of Death MES OTHELIOMA Residence Course of Death MES OTHELIOMA Residence JOHN Prowe Fun Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GF	Place of Death MAY 11, 2015 Residence 83 MIDDLE ROAD, SOUTHBO If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) —— Date entered(most recent) —— Certifier CONNIER DREXLER, MD Addr. 112 MAIN STREET, NORTHBOROUGH, Immediate Cause of Death MES OTHELIOMA is permit authorizes the following Funeral Service Funeral Licensee/ Designee JOHN PROWE Facility. JOHN P. ROWE FUNERAL HOME INC Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GROVE STREET, W. dorsements Registry of Vital Records and Statistics State Tracking # 023029 Date MAY 12, 2015 I hereby certify that the remains were disposed of in acc Place of Disposition factors and Address) RUIT Control of the Street 180 Grove Date of Disposition	Place of Death 83 MIDDLE ROAD, SOUTHBOROUGH, MA Date of Death MAY 11, 2015 Date Residence 83 MIDDLE ROAD, SOUTHBOROUGH, MASS If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date Discharged (most recent) Certifier CONNIER DREXLER, MD Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSI Immediate Cause of Death MESOTHELIOMA is permit authorizes the following Funeral Service Licensee or Designee JOHN PROWE Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBORO Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, M dorsements Registry of Vital Records and Statistics Registry of Vital Re	Place of Death Date of Death MAY 11, 2015 Date of Birth Residence 83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSET If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date entered(most recent) Date entered(most recent) Date Discharged (most recent) Certifier CONNIE R DREXLER, MD Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 Immediate Cause of Death MES OTHELIOMA is permit authorizes the following Funeral Service Licensee or Designee to reference I Licensee Designee JOHN PROWE Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS 01532 Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01532 Local Permit # E-PERMIT Date MAY 12, 2015 Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the Place of Disposition (Activation and Address) NOT 233-21, MA 01605 NOT 233-21, MA 01605 NOT 2000 STREET, Name of Street Name	Detected Name COLDWELL , RAYMOND E Place of Death 83 MIDDLE ROAD, SOUTHBOROUGH, MA Date of Death MAY 11, 2015 Date of Birth MARCH 06, 1941 Residence 83 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered(most recent) Date Discharged (most recent) Service Number(most recent) Certifier CONNIER DREXLER, MD Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 Immediate Cause of Death MESOTHELIOMA Lic # 71130 Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532 Immediate Cause of Death MESOTHELIOMA Lis permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport Funeral Licensee/ Designee JOHN PROWE Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 dorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 023029 Date MAY 12, 2015 Date — Name of Agent — I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition for Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or Authorized in Normal Street Company May of Superintendent or	Place of Death Date Discharged (mass ACHUSETTS 01772 Date Date Date Death Date Discharged (most recent) Date Date Discharged (most recent) Date Date Death Date Discharged (most recent) Date Discharged (most recent) Date Death Date Discharged (most recent) Date Discharged (most recent) Date Date Discharged (most recent) Date Date Date Date Date Date Date Date		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File # 2015 025857

PERMIT

Inf	ormation necess	sary for the Cert	ificate of Death h	as been complete	d for:						
	Decedent Name	PENDERGAST	r , JOHN W								
	Place of Death	3 SKYLAR DI	RIVE, SOUTHBO	ROUGH, MA							
ب	Date of Death	MAY 28, 2015		Da	te of Birth	NOVEMBER 21, 1951	Sex	MALE			
ENT	Residence	3 SKYLAR DE	RIVE, SOUTHBO	ROUGH, MASS	ACHUS E	ГТS 01772					
ECED		pecify war/conflict	(s) (most recent)								
DE	NO Branch of militar	y (most recent)		<i>1</i> -	Rank/organi. 	zation/outfit(most recent)					
	Date entered(mo	st recent)	Do	ate Discharged (m	ost recent)	Service Number(most	recent)				
ER	Certifier NAHII	DA ISLAM, ME)			Lic # 246494					
FIE	Addr. 55 LAKE	Addr. 55 LAKE AVENUE N, WORCESTER, MASS ACHUS ETTS 01655									
CERTIFI	Immediate Cause of Death ESOPHAGEAL ADENECARCINOMA METASTATIC										
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
z	Funeral Licensee	Designee STEP	HEN F. GEMELLI	I		Li	c # 6280				
01.	Facility. MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS										
SITIO	Disposition Type CREMATION Date of Disposition JUNE 01, 2015										
SPO	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605										
DI	KUKAL CEMI	EIENI, 100 Gr	OVE STREET, V	VORCESTER, P	MASSACE	103E113 01003					
En	dorsements										
_	Registry of Vital	Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH					
ERMIT	State Tracking #	025857		Local Perm it #	15-11						
PEF	Date	JUNE 01, 20	15	Date	JUNE 01	, 2015					
	· · · · · · · · · · · · · · · · · · ·			Name of Agent	JAMES 1	F. HEGARTY					
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at the	e place and date below:					
T10	Place of Disposit	ion (Facility Name	and Address)		Signature	е					
K M A											
ONFIRMATION					X						
CON	Disposition Type		Date of Disposition	1	Name of S	Superintendent or Authorized L	esignee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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DI O

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File # 2015 025857 RECEIVED

THEIGH

0000055713

Information necessary for the Certificate of Death has been completed for:

2015 JUN 18 A 8: 2

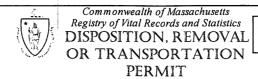
							C-0313	157 1 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Decedent Name	PENDERGAST	, JOHN	W			000	HHBUROUGH,	
	Place of Death	3 SKYLAR DE	RIVE, SOUTHB	OROUGH, MA					
1	Date of Death	MAY 28, 2015		Da	ate of Birth	NOVEMBER 21, 1951	Sex	MALE	
ECEDENT	Residence	3 SKYLAR DE	RIVE, SOUTHB	OROUGH, MASS	ACHUSE	TTS 01772			
CEL		pecify war/conflict((s) (most recent)					and the second s	
D E	NO Branch of milita	ry (most recent)		i	Rank/organ	ization/outfit(most recent)			
	Date entered(mo	st recent)		Date Discharged (m	ost recent)	Service Number(most	recent)		
~	Certifier NAHI	DA ISLAM, MD	· · · · · · · · · · · · · · · · · · ·			Lic # 246494 –		Tarabat sa was a manazar ya kasabi da sa	
RTIFIER	Addr. 55 LAKE	E AVENUE N, V	VORCESTER, 1	MASSACHUSETT	ΓS 01655				
RTI	Immediate Cause of Death ES OPHAGEAL ADENECARCINOMA METAS TATIC								
CE	ESOPHAGEA	L ADENECARO	CINOMA META	ASTATIC					
Th	is permit autho	rizes the followi	ng Funeral Ser	vice Licensee or De	signee to	remove, dispose or transpor	t remains	as listed below:	
	Funeral Licensee Designee STEPHEN F. GEMELLI Lic # 6280								
SITION		•		WORCESTER, M	IASSACH	IUSETTS			
SIT	,	CREMATION		,		Date of Disposition JU	NE 01, 201	15	
DISPO	Place/Address								
D 18	RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements	- 4* 							
		l Records and Sta	tistics	Board of Healt	h/Agent for	: SOUTHBOROUGH	***************************************	· · · · · · · · · · · · · · · · · · ·	
IIT	State Tracking #			Local Permit#	E-PERM		. 12.		
PERMIT	Date	JUNE 01, 20	15	Date					
P.	Duie	00.NE 01, 20		Name of Agent					
NO			<u>-</u>	accordance with its		ie place and date below:			
ATION	Place of Disposi	tion (Facility Name Rural Cren	and Address) Natorv		Signatu		_		
R M		180 Grove			1	John 74	Inda l	01,	
CONFIRM		, •••			X				
03		. Worcester		<u> </u>	Name of Superintendent or Authorized Designee:				
	Crom	ation	I JUN O	1 2015		John H Cobil	J		

Acceptance of Permit

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State File # 2015 030731

Information necessary for the Certificate of Death has been completed for:

1111	ormation necess	sary for the Cert	incate of Death i	ias been complete	u ior:						
	Decedent Name	VANNI , AL	MA LEOLA								
	Place of Death	199 PARKERV	ILLE ROAD, S	OUTHBOROUGI	H, MA						
Т	Date of Death	JUNE 29, 2015		Da	te of Birth	FEBRUARY	27, 1934	Sex	FEMALE		
DEN	Residence	199 PARKERV	ILLE ROAD, S	OUTHBOROUGI	H, MASSA	ACHUS ETTS	01772				
ECEDENT	If U.S. veteran, sp	pecify war/conflict((s) (most recent)								
DE	Branch of militar	y (most recent)		R	Rank/organization/outfit(most recent)						
	Date entered(mo.	st recent)	-	Date Discharged (mo	ost recent)	Service	Num ber(most	recent)			
æ	Certifier ALLA	BOLKHOVSK	Y, MD			Lic # 5	0367				
FIE	Addr. 761 WOI	RCESTER ROA	D, FOURTH FL	OOR, FRAMING	HAM, M	ASSACHUSE	TTS 01701				
CERTIFIE	Immediate Cause of Death METASTATIC BREAST CANCER										
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
N 01.	Funeral Licensee	Designee NANC	CY G MORRIS				Lie	c # 50277			
	Facility. MORE	RIS FUNERAL 1	HOME, SOUTH	BOROUGH, MAS	SACHUS	SETTS					
5 17	Disposition Type BURIAL Date of Disposition JULY 07, 2015										
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772										
En	dorsements			,							
	Registry of Vital	Records and Stat	tistics	Board of Health	/Agent for:	SOUTHBORO	UGH				
PERMIT	State Tracking #	030731		Local Permit#	15-12						
PER	Date	JULY 01, 201	15	Date	JULY 01	, 2015					
_				Name of Agent	JAMES 1	F. HEGARTY					
z	I hereby certify	that the remains v	vere disposed of in	accordance with its	terms at th	e place and date	below:				
ATION	Place of Disposit	ion (Facility Name	and Address)		Signatur	е					
M											
FIR					X						
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z					esignee:						

Acceptance of Permit

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State File # 2015 030731

RECEIVED

2015 JUL -9 A 9:32

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	VANNI . A	LMA	LEOLA					SUUTHA	OROUGH, MA	
	Place of Death	-			UTHBOROUGI	I. MA				oracille LIM	
	Date of Death	JUNE 29, 201		,		te of Birth	FEBRUARY	27, 1934	Sex	FEMALE	
DECEDENT	Residence	•		ROAD, SO	UTHBOROUGE	•		-	200		
E D	If U.S. veteran, s				CIIDOROCGI	1, 1411001	- CHOSEI IS				
EC	NO		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1							
-	Branch of militar	ry (most recent)			R 	'ank/organi 	zation/outfit(mo.	st recent)			
	Date entered(mo	st recent)		Da	ite Discharged (mo	st recent)	Service	Number(mo	ost recent)		
		 									
8	Certifier ALLA	BOLKHOVSI	KY, MI)			Lic# 5	50367			
CERTIFIER			AD, FO	URTH FLO	OR, FRAMING	HAM, M	ASSACHUSE	TTS 01701			
RT	Immediate Cause		NCED								
CE	WIETAS TATIC	DREASICA	HULL								
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
-	Funeral Licenses	e/Designee NAN	CYG	MORRIS			***************************************		Lic # 50277		
101	Facility. MORI	RIS FUNERAL	ном	E, SOUTHB	OROUGH, MAS	SACHUS	SETTS				
DISPOSITION	Disposition Type	BURIAL					Date of L	Sisposition J	ULY 07, 201:	5	
PO	Place/Address										
DIS	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772										
En	dorsements										
	Registry of Vita	l Decords and St	n tietiee		Board of Health	/A gent for:	SOUTHROD	JICH		· · · · · · · · · · · · · · · · · · ·	
II	State Tracking #		austics		Local Permit#	E-PERM		70011			
PERMIT	Date	JULY 01, 20	015		Date	L'ILAWI	**				
P	Dute	JULI 01, 20	013								
					Name of Agent						
z	I hereby certify	that the remains	were di	sposed of in a	cordance with its		-	e be low:			
A TION	Place of Disposit Rural C	<i>ion(FacilityNam</i> emetery	e and A	ldress)		Signatur		1 -			
	11 Cord	aville Rd	l., S	outhbord	ough, MA	1		V./.	,)		
ONFIRM	Sec. 1-C, Lot C-1, Gry#3					K /	ICO X	<u>Wull</u>	-14		
õ	6 Disposition Type Date of Disposition				Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo						
υ I	T.,11 T.	rth Buris	Full Earth Burial July 7, 2015						DoCom	. 7	

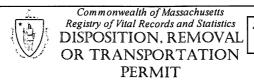
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #

2015 031207

Information necessary for the Certificate of Death has been completed for:

	•								
	Decedent Name LEVANGIE ,	ROBERT FR	RANCIS						
	Place of Death 3 MAPELCRES	ST DRIVE, SOUT	THBOROUGH,	MA					
Ŀ	Date of Death JULY 04, 2015	;	Da	ate of Birth	APRIL 23, 1938	Sex	MALE		
DENT		ST DRIVE, SOUT	THBOROUGH,	MASSAC!	HUS ETTS 01772				
CED	If U.S. veteran, specify war/conflict	(s) (most recent)			,				
DE	Branch of military (most recent)		1	Rank/organi:	zation/outfit(most recent)				
			-		• , ,				
	Date entered(most recent)	Do	ate Discharged (mo -	ost recent)	Service Number(mos	it recent)			
~	Certifier JUSTIN DORFMAN,	DO			Lic # 226691				
TIFIE	Addr. 24 NEWTON STREET,	SOUTHBOROUG	GH, MASSACH	USETTS 0	1772		1		
×	Immediate Cause of Death				-				
CE	INVASIVE ORAL CANCER								
Th	i his permit authorizes the followi	ing Funeral Servic	e Licensee or De	signee to r	emove, dispose or transpo	rt remains:	as listed below:		
z	Funeral Licensee/ Designee NANO					ic # 50277			
	Facility. MORRIS FUNERAL		ROROUGH, MA	SSACHUS	EFTTS				
ıT.	Disposition Type BURIAL	110111111111111111111111111111111111111	01100011,	301101111	Date of Disposition JU	OT N 08, 201	5		
101	Place/Address								
DISP	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
	•								
Ŀn	dorsements		T						
Ē	Registry of Vital Records and Sta	tistics			SOUTHBOROUGH				
RMIT	State Tracking # 031207		Local Permit#	15-13					
PEI	Date JULY 06, 20	15	Date	JULY 07,					
			Name of Agent	JAMES I	F. HEGARTY				
z	I hereby certify that the remains v	were disposed of in a	ccordance with its	terms at the	e place and date below:				
ATION	Place of Disposition (Facility Name	and Address)		Signature	е		***		
M A									
FIRM				X					
CON	Disposition Type	Date of Disposition	1	Name of S	Superintendent or Authorized	Designee:			
ا ٽ ا									

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2015 031207

Form R-309 07012014

PERMIT

Information necessary for the Certificate of Death has been completed for:

MIS JUL -9 A 93

							481J 304				
	Decedent Name	LEVANGIE,	ROBERT FR	ANCIS				enangan et et to follow			
	Place of Death	3 MAPELCRES	ST DRIVE, SOU	THBOROUGH,	MA		South	Orgueil. Ma			
F	Date of Death	JULY 04, 2015		Da	te of Birth	APRIL 23, 1938	Sex	MALE			
E	Residence	3 MAPELCRE	ST DRIVE, SOU	THBOROUGH,	MASSAC	HUSETTS 01772					
DECEDENT		pecify war/conflict	(s) (most recent)								
DE	NO Branch of milita	ry (most recent)	l .	F	Rank/organi	zation/outfit(most recent)					
1	Date entered(mo	and managed)	D.	- ate Discharged (mo		Samiaa Muu hau	(mood mooned)				
	Date enterea(mo	si receni)		ne Dischargea (mo	Bi receni)	Service Num ber	(most recent)				
æ	Certifier JUST	IN DORFMAN,	DO			Lic # 226691					
RTIFIE	Addr. 24 NEW	TON STREET,	SOUTHBOROUG	H, MASSACHU	JSETTS 0	1772					
RTI	Immediate Cause										
CE	INVASIVE OF	RAL CANCER									
TI	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
z	Funeral License	e/Designee NAN	CYG MORRIS				Lic # 50277				
	Facility. MOR	RIS FUNERAL	HOME, SOUTHB	OROUGH, MAS	SACHUS	ETTS					
DISPOSITIO	Disposition Type	BURIAL				Date of Disposition	n JULY 08, 201	5			
2 0 2	Place/Address										
ă	RURAL CEM	ETERY, 11 CO.	RDAVILLE ROAI), SOUTHBOR	OUGH, M	ASSACHUSETTS 01	772				
Er	ıdorsements										
	Registry of Vits	l Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH					
MIT	State Tracking #	031207		Local Permit#	E-PERM	T					
PER	Date	JULY 06, 20	15	Date							
1				Name of Agent							
z	I hereby certify	that the remains v	vere disposed of in a	ccordance with its	terms at th	e place and date below:					
ATION	Place of Disposi	<i>tion(Facility Name</i> emetery	and Address)		Signatur						
RMA	•	_	, Southbord	nich. MA		1/1/7/)				
=	1	Grv#218	, 5045115010	~0,	X) CATHUR	un-h	_			
CON	Disposition Type		Date of Disposition	!	Name of	Superintendent of Author	ized Designee:				
Ľ	Full Earth Burial July 8,			2015	Bridg	get A. Gillene	v-DeCenzo	•			

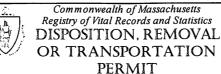
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2015 034806

	ormation necessary	for the Cert	ificate of Death	has been complete	d for:		•					
	Decedent Name HA	RNEY ,	MARI-JO CH	IARLEBOIS				, -, -, -, -, -, -, -, -, -, -, -, -, -,				
	Place of Death 47	GLEN COU	RT, SOUTHBO	ROUGH, MA								
ı	Date of Death J U	LY 24, 2015		Da	ite of Birth	NOVEMBER 30, 1947	Sex	FEMALE				
ENT	Residence 47	GLEN COU	RT, SOUTHBO	ROUGH, MASS	ACHUSEI	TTS 01772						
ECED	If U.S. veteran, specify	y war/conflict(s) (most recent)									
Q	Branch of military (m	ost recent)		1	Rank/organ	ization/outfit(most recent)						
	Date entered(most red	ent)		Date Discharged(m	ost recent)	Service Number(most re	cent)					
~	Certifier ANDREW	ZHU, MD				Lic # 206924						
FIE	Addr. 55 FRUIT ST	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114										
CERTIFIE		Immediate Cause of Death CHOLANGIOCARCINOMA										
Tŀ	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
7	Funeral Licensee/ De:	signee WILL	IAM L. LAWLE	R		Lic ‡	6262					
SITION	Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS											
SIT	Disposition Type CREMATION Date of Disposition JULY 31, 2015											
DISPO	Place/Address ST. MICHAEL CF	REMATORY	, 500 CANTER	BURY STREET,	BOSTON	I, MAS SACHUS ETTS 02131						
En	dorsements											
۱,	Registry of Vital Rec	ords and Sta	tistics	Board of Healt	h/Agent for	: SOUTHBOROUGH						
MIT	State Tracking # 0	34806		Local Perm it#	15-14							
PER	Date J	ULY 29, 201	15	Date	JULY 29	9, 2015						
				Name of Agent	JAMES	F. HEGARTY						
z	I hereby certify that	the remains v	vere disposed of in	accordance with its	terms at th	e place and date below:						
A T10	Place of Disposition (Facility Name	and Address)		Signatui	re						
Σ												
FIR					X							
CON	Disposition Type		Date of Dispositi	on	Name of	Superintendent or Authorized De.	signee:					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT

State File # 2015 03480

2015 ACG 28 A H: n=

COUTHBOKE SIL MA

Information necessary for the Certificate of Death has been completed for:

	Decedent Name HAR	NEY , MARI-JO C	CHARLEBOIS						
	Place of Death 47 G	LEN COURT, SOUTHB	OROUGH, MA						
F	Date of Death JULY	24, 2015	Date of Birth	NOVEMBER 30, 1947	Sex FEMALE				
EN	Residence 47 G	LEN COURT, SOUTHB	OROUGH, MASSACHUSETT	S 01772					
DECED	If U.S. veteran, specify w	var/conflict(s) (most recent)							
DE	Branch of military (most	trecent)	Rank/organization/outfit(most recent)						
	Date entered(most recer	Date entered(most recent) Date Discharged (most recent) Service Number(most recent)							
~	Certifier ANDREW ZHU, MD Lic # 206924								
1 2	Addr. 55 FRUIT STF	REET, BOSTON, MASS	ACHUSETTS 02114						
Immediate Cause of Death CHOLANGIOCARCINOMA									
TI	nis permit authorizes t	he following Funeral Se	rvice Licensee or Designee to re	move, dispose or transport	remains as listed below:				
z	Funeral Licensee/ Desig	nee WILLIAM L. LAWI	LER	Lic	# 6262				
	Facility. LAWLER &	CROSBY FUNERAL F	HOME, BOSTON, MASSACHU	JSETTS					
Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUS ETTS Disposition Type CREMATION Date of Disposition JULY 31, 2015									
DISPO	Place/Address ST. MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131								
En	Indorsements								
	Registry of Vital Recor	ds and Statistics	Board of Health/Agent for: 5	SOUTHBOROUGH					
MIT	State Tracking # 034	1806	Local Permit # E-PERMIT						
≃	1								

ا _ ا	Registry of Vital I	Registry of Vital Records and Statistics		n/Agent for: SOUTHBOROUGH
MI	State Tracking #	034806	Local Permit#	E-PERMIT
PER	Date	JULY 29, 2015	Date	·
			Name of Agent	
NO		nat the remains were disposed of in a		terms at the place and date be low:
VFIRMATIC		n (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131		Signature X
CO	Dis Crem	ation Date of Disposition		Name of Superintendent or Authorized Designee: Michael D. Sheehan G.M.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2015 041013

0000075562

Form R-309 07012014

Inf	ormation necess	sary for the Cert	ificate of Dea	th has been complete	d for:							
	Decedent Name	FALCONI,	RICHARD	E.								
	Place of Death	14 NEWTON S	STREET, SO	UTHBOROUGH, MA	4							
Τ	Date of Death	SEPTEMBER	09, 2015	Da	te of Birth	SEPTEMBER 19, 1945	Sex	MALE				
ECEDENT	Residence	14 NEWTON S	STREET, SO	UTHBOROUGH, M.	ASSACHU	SETTS 01772		_				
CEL		pecify war/conflict((s) (most recent)					-				
DE	NO Branch of militar	y (most recent)		ı	Rank/organization/outfit(most recent)							
	I/			- D . D: 1		G. A. H. J. C.	.1					
	Date entered(mo	si receni)		Date Discharged (m	osi receni)	Service Number(most:	recent)					
æ	Certifier SAQII	OURES HI, M	D			Lic # 1519971						
FIE		•	RTHBORO	UGH, MASSACHUS	ETTS 0153	2						
CERTIFIER	Immediate Cause RES PIRATOR											
Th	s permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:											
~	Funeral Licenses	Designee NAN	CY G MORRI	IS		Lic	c# 50277					
101	Facility. MORI	RIS FUNERAL	HOME, SOU	THBOROUGH, MA	SSACHUS	ETTS						
Disposition Type BURIAL Date of Disposition SEPTEMB						PTEMBEF	R 14, 2015					
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772											
En	dorsements											
	Registry of Vita	Records and Sta	tistics	Board of Healtl	ı/Agent for:	SOUTHBOROUGH						
MIT	State Tracking #	041013		Local Permit#	15-15							
PERMIT	Date	SEPTEMBE	R 10, 2015	Date	SEPTEM	BER 10, 2015		•	•			
_			. HEGARTY		· •							
z	I hereby certify	that the remains v	vere disposed o	of in accordance with its	terms at the	place and date below:						
T10	Place of Disposit	ion (Facility Name	and Address)		Signature				•			
MA								•				
FIF					X			•				
CONFIRMATION	Disposition Type		Date of Dispo	osition	Name of S	uperintendent or Authorized D	esignee:					
-								-				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File #

2015 041013

Info	ormation neces	sary for the Certificate	of Death ha	s been completed	d for:		111	144			
	Decedent Name	FALCONI, RICH	ARD E.			6,	adwiniew.v	Journal W			
	Place of Death	14 NEWTON STREE	т, south	BOROUGH, MA							
_	Date of Death	SEPTEMBER 09, 20	15	Da	te of Birth	SEPTEMBER 19, 19	945 Sex	MALE			
ENT	Residence	14 NEWTON STREE	т, south	BOROUGH, MA	SSACH	US ETTS 01772					
ECED		pecify war/conflict(s) (mos	t recent)								
D E	NO Branch of milita	ry (most recent)		R	ank/organ 	ization/outfit(most recent)					
	Date entered(mo	ost recent)	De	ate Discharged(mo -	st recent)	Service Num ber	(most recent)				
~	Certifier SAQI	B QURES HI, MD				Lic # 1519971					
FIER	Addr. 112 MAI	N STREET, NORTHI	BOROUGH,	, MASSACHUSI	ETTS 015	32					
CERTIFI	Immediate Cause of Death RES PIRATORY FAILURE										
Tł	nis permit autho	orizes the following Fu	neral Servic	e Licensee or De	signee to	remove, dispose or tra	nsport remains	as listed below:			
	Funeral License	e Designee NANCYG	MORRIS				Lic # 50277				
0 N		RIS FUNERAL HOM		BOROUGH, MAS	SSACHU	SETTS					
SITIO	Disposition Type BURIAL Date of Disposition SEPTEMBER 14, 2015										
DISPO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772										
Er	dorsements							· · · · · · · · · · · · · · · · · · ·			
_	Registry of Vita	al Records and Statistics		Board of Health	n/Agent for	: SOUTHBOROUGH	<u></u>				
ERMIT	State Tracking #	4 041013		Local Permit#	15-15			•			
PER	Date	SEPTEMBER 10,	2015	Date	SEPTE	MBER 10, 2015		•			
-				Name of Agent	JAMES	F. HEGARTY		* *			
z	I hereby certify	that the remains were di	sposed of in a	ccordance with its	terms at t	ne place and date below:		•			
FIRMATION	RUTAL	ition (Facility Name and A) Cemetery burough W		1772	Signatu X	Loge	7 M	ony TI			
Disposition Type Date of Disposition Date of Disposition Name of Superimental ar Anthonized Designee:											

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File# 2015.040379

2815 SEP 18 A 7 55 M

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

					otyst (1994)	enonani'i	7 A Y				
	Decedent Name	PIPER , DONNA J.				ana kan en arrista					
	Place of Death	MARLBOROUGH HOSPITA	L, MARLBOROUG	GH, MA							
Т	Date of Death	SEPTEMBER 06, 2015	Da	te of Birth	MARCH 15, 1953	Sex 1	FEMALE				
EN	Residence	138 MARLBORO ROAD, SO	UTHBOROUGH, M	MASSACI	HUSETTS 01772						
ECEDENT	1	pecify war/conflict(s) (most recent)									
DE	NO Branch of milita	ry (most recent)	R	≀ank/organi	ization/outfit(most recent)						
	Date entered(mo	ist recent)	Date Discharged (mo	– xst recent)	Service Number(m	ost recent)					
R	Certifier STAC	Y N WEISBERG, MD			Lic # 213821						
FIE	Addr. 55 LAKE	AVENUE N, WORCESTER,	MASSACHUSETT	S 01655							
CERTIFIER	Immediate Cause of Death PULMONARY EMBOLIS M										
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
_	Funeral License	e/Designee NANCY G MORRIS				Lic # 50277					
IO N	Facility. MOR	RIS FUNERAL HOME, SOUTI	HBOROUGH, MAS	SSACHUS	SETTS						
SIT	Disposition Type	BURIAL			Date of Disposition	SEPTEMBER 1	1, 2015				
DISPOSITIO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772										
DI	RURAL CEMI	ETERY, II CORDAVILLE RO	AD, SOUTHBOR	OUGH, M	ASSACHUSEI 18 017	12					
En	dorsements										
		l Records and Statistics	Board of Health	/Agent for:	: MARLBOROUGH						
IIT	State Tracking #		Local Permit#	E-PERM							
ERMIT	Date	SEPTEMBER 07, 2015	Date								
4		,	Name of Agent								
I he under contifer that the name increased of in accordance with its towns at the place and data he laws											
r10	Place of Disposit	tion (Facility Name and Address)		Signatur	re _						
MA	Rural	Cemetery		1 4	$1 \qquad \alpha$	\mathcal{M}					
CONFIRMATION	South	, , , ,	71772	$X \not\subset$	July C		WIII				
CON	Disposition Type			Name of	Superintendent or Authorize	d Designee:	at the				
	ITUII B	sody 19/11/6	2015	<u> </u>	.4.11	OOYWY	111				
۸.	cceptance of Permit										

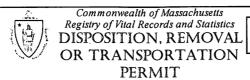
Acceptance of Permit

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2015 043740 State File #

Form R-309 07012014

Infe	Information necessary for the Certificate of Death has been completed for:										
	Decedent Name	DUTTON,	ELIZABETH	GAZOULEAS							
	Place of Death	Place of Death 3 METACOMET LANE, SOUTHBOROUGH, MA									
т	Date of Death	SEPTEMBER	28, 2015	Da	te of Birth	OCTOBER 27, 1962	Sex	FEMALE			
DENT	Residence 3 METACOMET LANE, SOUTHBOROUGH, MASS ACHUS ETTS 01772										
ECED		pecify war/conflict((s) (most recent)								
D E	NO Branch of military (most recent)			. <i>F</i>	Rank/organi: 	zation/outfit(most recent)					
	Date entered(mo	st recent)	-	Date Discharged (mo	ost recent)	Service Number(mo:	st recent)				
×	Certifier JOHN	G. KRIKORIAI	N, MD			Lic # 36428					
RTIFIER		· · · · · · · · · · · · · · · · · · ·	RAMINGHAM,	MASSACHUSE	TTS 01702						
CERT	Immediate Cause of Death METASTATIC BREAST CANCER										
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:										
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277										
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS										
LI S	Disposition Type CREMATION Date of Disposition SEPTEMBER 30, 2015							2 30, 2015			
DISPOSITIO	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605										
α	ACCURACY CONTROL OF THE CONTROL OF T										
En	dorsements										
ΤΙ	Registry of Vita	l Records and Sta	tistics	Board of Health/Agent for: SOUTHBOROUGH							
Σ	State Tracking #	043740		Local Perm it #	15-16						
PER	Date	SEPTEMBE	R 29, 2015	Date	te SEPTEMBER 29, 2015						
				Name of Agent	JAMES 1	F. HEGARTY					
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:										
ATION	Place of Disposition (Facility Name and Address)				Signatur	2					
W W											
FIRM					X						
CON	Disposition Type		Date of Disposition	on	Name of	Superintendent or Authorized	Designee:				
L											

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

PERMIT

State File#

2015 043740

Information necessary for the Certificate of Death has been completed for:

Decedent Name DUTTON, ELIZABETH GAZOULEAS

Place of Death 3 METACOMET LANE, SOUTHBOROUGH, MA Date of Death **SEPTEMBER 28, 2015**

Date of Birth OCTOBER 27, 1962

Cohle

3 METACOMET LANE. SOUTHBOROUGH, MASSACHUSEITS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered(most recent)

Date Discharged (most recent)

Service Number(most recent)

Ltc# 36428

Certifier JOHN G. KRIKORIAN, MD

Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702

Immediate Cause of Death

METASTATIC BREAST CANCER

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee Designee NANCY G MORRIS

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition SEPTEMBER 30, 2015

Lic # 50277

Place/Address

RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

DISPOSITIO

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH PERMIT E-PERMIT State Tracking # 043740 Local Permit# **SEPTEMBER 29, 2015** Date Date Name of Agent CONFIRMATION

I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:

Signature

Place of Disposition (Facility Name and Address)

Rural Crove Street Grove Street O Grove Street 01605
OCESTET, Date of Disposition Disposition Typ

Name of Superintendent or Authorized Designee.

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2015

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2015 044555

PERMI

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

****	ormation neces	sary for the Cert	incate of Death	nas been complete							
	Decedent Name	STODDARD,	MARGARET	PATRICIA							
	Place of Death	12 GENERAL	HENRY KNOX	ROAD, SOUTHI	BOROUG	H, MA					
-	Date of Death	OCTOBER 04,	2015	Da	te of Birth	MARCH 16, 1937	Sex	FEMALE			
DEN	Residence	,									
CED	If U.S. veteran, specify war/conflict(s) (most recent) NO										
DE	Branch of milita	ry (most recent)		1	Rank/organi	ization/outfit(most recent)					
	 			- -		g · v /					
Ì	Date entered(most recent) L			Date Discharged (m 	osi recent)	Service Number(mo	st recent)				
~	Certifier SHAH	INAZ MONTAÇ	UE, MD			Lic # 55438					
TIFIE	Addr. 3 FRAN	KLIN COMMO	N, FRAMINGHA	AM, MASSACHU	SETTS 0	1702					
~	Immediate Caus							-			
CE	RESPIRATOR	RY FAILURE									
Tł	nis permit autho	rizes the followi	ng Funeral Serv	ice Licensee or De	signee to 1	remove, dispose or transp	ort remains	as listed below:			
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277										
SITIO	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS										
113	Disposition Type	BURIAL				Date of Disposition ${f C}$	OCTOBER 0	8, 2015			
SPO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772										
1	RUNGE CEMETERT, II CORDATILLE ROAD, SOUTHBOROUGH, MASSACHUSET 15 01/12										
En	dorsements										
	Registry of Vita	al Records and Sta	tistics	Board of Healtl	Board of Health/Agent for: SOUTHBOROUGH						
MIT	State Tracking #	044555		Local Permit#	Permit # 15-17						
PER	Date OCTOBER 05, 2015		Date	OCTOBER 06, 2015							
				Name of Agent	me of Agent JAMES F. HEGARTY						
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:										
T10	Place of Disposition (Facility Name and Address)				Signatur	re					
×	·	•									
FIR					X						
17	Disposition Type Date of Disposition				Name of Superintendent or Authorized Designee:						
NO.	Disposition Type	2	Date of Dispositi	on	Name of	Superintenaent or Authorizea	Designee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2015 044555

- - | [] -

2015 OCT -9 A 8: 18

Information necessary for the Certificate of Death has been completed for:

Decedent Name STODDARD, MARGARET **PATRICIA** Place of Death 12 GENERAL HENRY KNOX ROAD, SOUTHBOROUGH, MA Date of Birth MARCH 16, 1937 **FEMALE** Date of Death **OCTOBER 04, 2015** 16 ATWOOD STREET, SOUTHBOROUGH, MASSACHUSEITS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Service Number(most recent) Date entered(most recent) Date Discharged (most recent) Certifier SHAHNAZ MONTAQUE, MD Lic # 55438 Addr. 3 FRANKLIN COMMON, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death RESPIRATORY FAILURE This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type BURIAL Date of Disposition OCTOBER 08, 2015 Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 **Endorsements** Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics State Tracking # 044555 Local Permit# E-PERMIT **OCTOBER 05, 2015** Date Date Name of Agent I he reby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address)
Rural Cemetery Signature 11 Cordaviile Kd., Southborough, MA Sec.C-West, Lot 47N, Grv#4 Disposition Type Date of Disposition &illeney-DeCenzo October 8, 2015 Bridget A. Full Earth Burial

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

PERMIT



Form R-309 07012014

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

2015 056402 State File #

W Cobile

Name of Superintendent or Authorized Designee:

RECEIVED TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 JAN 12 1P 12 41

Decedent Name ZSCHOKKE, JENNIFER LYNN SOUTHBOROUGH, MA 5 NICHOLS STREET, SOUTHBOROUGH, MA Place of Death Date of Birth FEBRUARY 09, 1965 **FEMALE DECEMBER 18, 2015** Date of Death Sex 5 NICHOLS STREET, SOUTHBOROUGH, MASS ACHUS ETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Service Number(most recent) Date entered(most recent) Date Discharged (most recent) Lic # 43020 Certifier LESLIE SCHWAB, MD Addr. 330 BAKER STREET, CONCORD, MASS ACHUS ETTS 01742 Immediate Cause of Death BREAST CANCER, METASTATIC This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 5375 Funeral Licensee/ Designee JOHN PROWE Facility, JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASSACHUS ETTS Date of Disposition DECEMBER 23, 2015 Disposition Type CREMATION RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics 056402 Local Permit# 15-60 State Tracking # Date **DECEMBER 19, 2015** Date **DECEMBER 21, 2015** JAMES F. HEGARTY Name of Agent I he reby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Place of Disposition (Figure 1974) Adress) Signature

Acceptance of Permit

Disposition Type

180 Grove Street Worcester, MA 01605

Date of Disposition 2015

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

X

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







2015 056402 State File #

Forn	n R-309 07012014			1 171/1/11	1						
Inf	ormation necess	ary for the Certi	ficate of Death h	as been complete	d for:						
Т	Decedent Name	ZSCHOKKE,	JENNIFER	LYNN							
	Place of Death	ace of Death 5 NICHOLS STREET, SOUTHBOROUGH, MA									
	Date of Death	DECEMBER 1	8, 2015	Da	te of Birth	FEBRUARY 09, 1965	Sex	FEMALE			
EN	Residence 5 NICHOLS STREET, SOUTHBOROUGH, MASSACHUS ETTS 01772										
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent)			F	ank/organiz	ation/outfit(most recent)					
	Date entered(most recent)			Date Discharged (most recent) Service Number (most recent)							
~	Certifier LES LI	E SCHWAB, M	D		-	Lic # 43020					
FIE	Addr. 330 BAK	ER STREET, C	ONCORD, MAS	SACHUSETTS (1742						
CERTIFIER	Immediate Cause BREAST CAN	of Death CER, METAST	ATIC								
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to re	emove, dispose or transport		as listed below:			
z		Funeral Licensee/ Designee JOHN PROWE Lic # 5375									
T10	Facility. JOHN P. ROWE FUNERAL HOME INC., MARLBOROUGH, MASS ACHUS ETTS										
0 S I		Disposition Type CREMATION Date of Disposition DECEMBER 23, 2015									
DISPOSITIO	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605										
En	dorsements										
_	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH							
PERMIT	State Tracking #	056402		Local Permit#	Local Permit # 15-60						
P E R	Date	DECEMBER	19, 2015	Date	Date DECEMBER 21, 2015						
	Name of .			Name of Agent	JAMES I	F. HEGARTY					
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:										
ATION	Place of Disposit	Place of Disposition (Facility Name and Address)			Signature	?	-				
M											
ONFIRM					X						
CON	Disposition Type		Date of Dispositio	n	Name of S	Superintendent or Authorized Des	signee:				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2

2015 054617

RECEIVED
TOWN CLERK'S OFFICE

Information necessary for the Certificate of Death has been completed for:

2016 JAN -4 P 12: 51

	Decedent Name	TRAKHT , !	NATAN				0001	IOU MA	
	Place of Death	1 BUFFALO RUN, SOUTHBOROUGH, M.			SOUTHBOROUGH. MA				
ı	Date of Death	DECEMBER 0	8, 2015	Dat	te of Birth	SEPTEMBER 18, 1922	Sex	MALE	
E	Residence			APT. 212-A, FRAMI	NGHAM,	MASSACHUSETTS 01702			
ECED		pecify war/conflict(s) (most recent)						
D E	NO Branch of military (most recent)			R	ank/organi:	zation/outfit(most recent)			
									
	Date entered(most recent)			Date Discharged (mo	st recent)	Service Number(most rec	ent)		
_	Certifier JANE	BELKIN, NP				Lic # 236680			
RTIFIER			MINGHAM, N	MASS ACHUS ETTS	01701				
RTI	Immediate Cause	of Death							
CE	PNEUMONIA								
Th	is permit autho	rizes the followi	ng Funeral Ser	vice Licensee or De	signee to r	emove, dispose or transport re	emains	as listed below:	
		e/Designee GEO F				Lic#			
N 0 I	Facility. BREZNIAK RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS								
SIT	Disposition Type			·		Date of Disposition DECE	EMBER	09, 2015	
	Place/Address QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201								
0 P O	Place/Address				EPE DOG		2201		
DISPOSITIO	Place/Address QUINCY HEB	REW SOCIETY	Y CEMETERY,	, 776 BAKER STR	EET, BOS	STON, MASSACHUSETTS 0	2201		
	Place/Address QUINCY HEB	REW SOCIETY	Y CEMETERY,	, 776 BAKER STR	EET, BOS	TON, MASSACHUSETTS 0	2201		
En	QUINCY HEE	REW SOCIETY				STON, MASS ACHUS ETTS 0	2201		
En	QUINCY HEE	l Records and Stat				SOUTHBOROUGH	2201		
En	QUINCY HEB dorsements Registry of Vita	l Records and Stat	tistics	Board of Health	n/Agent for:	SOUTHBOROUGH	2201		
En	QUINCY HEB dorsements Registry of Vita State Tracking #	l Records and Stat	tistics	Board of Health	n/Agent for:	SOUTHBOROUGH	2201		
EMIT ME	QUINCY HEB dorsements Registry of Vita State Tracking # Date	l Records and Stat 054617 DECEMBER	08, 2015	Board of Health Local Permit # Date Name of Agent	Agent for: E-PERM 	SOUTHBOROUGH	2201		
EMIT ME	dorsements Registry of Vita State Tracking # Date I hereby certify Place of Disposi	I Records and State 054617 DECEMBER that the remains value (Facility Name	tistics 08, 2015 were disposed of i	Board of Health Local Permit # Date Name of Agent in accordance with its	Agent for: E-PERM 	SOUTHBOROUGH IT e place and date below:	2201		
MATION PERMIT T	dorsements Registry of Vita State Tracking # Date I hereby certify Place of Disposi	I Records and State 054617 DECEMBER that the remains v	tistics 08, 2015 were disposed of i	Board of Health Local Permit # Date Name of Agent in accordance with its	Agent for: E-PERM terms at th	SOUTHBOROUGH IT e place and date below:	2201		
FIRMATION PERMIT 3	QUINCY HEB dorsements Registry of Vita State Tracking # Date I hereby certify Place of Disposi	I Records and State 054617 DECEMBER that the remains we tion (Facility Name) HUWW	istics 08, 2015 vere disposed of is and Address) Calker	Board of Health Local Permit # Date Name of Agent in accordance with its	Agent for: E-PERM terms at th	SOUTHBOROUGH IT e place and date below:	2201		
MATION PERMIT T	QUINCY HEB dorsements Registry of Vita State Tracking # Date I hereby certify Place of Disposi	I Records and State 054617 DECEMBER that the remains value (Facility Name) HUWW	istics 08, 2015 vere disposed of in and Address)	Board of Health Local Permit # Date Name of Agent in accordance with its	E-PERM terms at th	SOUTHBOROUGH IT e place and date below:)	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

JAN 4 2016



0000092869

Form R-309 07012014



PERMIT

State File #

2015 054617

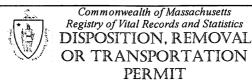
Inf	ormation necessary for the Certificate of Des	ath has been completed	d for:							
Т	Decedent Name TRAKHT , NATAN									
	Place of Death 1 BUFFALO RUN, SOUTH	lace of Death 1 BUFFALO RUN, SOUTHBOROUGH, MA								
	Date of Death DECEMBER 08, 2015	Dat	te of Birth S	EPTEMBER 18, 1922	Sex	MALE				
DEN	Residence 1612 WORCESTER ROAD, APT. 212-A, FRAMINGHAM, MASSACHUSETTS 01702									
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent NO)								
	Branch of military (most recent)	R	ank/organizati	ion/outfit(most recent)						
	Date entered(most recent)	Date Discharged (mod	Discharged (most recent) Service Number (most recent)							
R	Certifier JANE BELKIN, NP			Lic # 236680						
FIE	Addr. 74 MAIN STREET, FRAMINGHAM,	MASSACHUSETTS	01701							
CERTIFIER	Immediate Cause of Death PNEUMONIA									
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:									
z	Funeral Licensee/ Designee GEORGE RODMAN Lic # 5349									
L10	Facility. BREZNIAK RODMAN FUNERAL DIRECTORS, NEWTON, MASSACHUSETTS									
180	Disposition Type BURIAL	Disposition Type BURIAL Date of Disposition DECEMBER 09, 2015								
DISPOSITIO	Place/Address QUINCY HEBREW SOCIETY CEMETERY, 776 BAKER STREET, BOSTON, MASSACHUSETTS 02201									
En	dorsements									
٠	Registry of Vital Records and Statistics	Board of Health	Board of Health/Agent for: SOUTHBOROUGH							
PERMIT	State Tracking # 054617	Local Permit#	15-18							
PER	Date DECEMBER 08, 2015	Date	DECEMBER 08, 2015							
		Name of Agent	JAMES F. HEGARTY							
Z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:									
TIC	Place of Disposition (Facility Name and Address)		Signature							
MA										
FIR			X							
CONFIRMATION	Disposition Type Date of Dispo	sition	Name of Sup	oerintendent or Authorized Desig	зпее:					

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits <u>without</u> the "E-PERMIT" designation <u>must</u> contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File #

2015 056152

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	Decedent Name BUZZELL, CLYDE WARREN									
Т	Place of Death	Place of Death 51 SCHOOLSTREET, SOUTHBOROUGH, MA									
	Date of Death	DECEMBER 1	6, 2015	Da	te of Birth	NOVEMBER 30, 1942	Sex	MALE			
) E N	Residence	Residence 51 SCHOOLSTREET, SOUTHBOROUGH, MASSACHUSETTS 01772									
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)										
	VIETNAM Branch of military (most recent)			F	Rank/organ	ization/outfit(most recent)					
		,		-							
	Date entered(mo			Date Discharged (mo		Service Number(most i	recent)				
		0, 1904 N. B. MARTIN, 1	MD	FEDRUARI 10, 19	70	Lic # 214152					
CERTIFIER	•			, MASSACHUSE	TTS 01608						
TIF	Immediate Cause	-		,							
CEF	RESPIRATOR	Y FAILURE									
Th.	ia naumit auth a	uigas tha fallaui	ng Funanal Cam	ias Lisansas av Da	aign so to r	remove, dispose or transport		as lists d b alann			
111	-			Ace Lacensee of De	signee to i			as fisted below:			
z	Funeral Licensee/ Designee NANCYG MORRIS Lic # 50277										
TI	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS										
0 S I	Disposition Type	BURIAL				Date of Disposition DE	CEMBER	19, 2015			
DISPOSITION	Place/Address RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772										
۵	,										
En	dorsements										
Г	Registry of Vita	Records and Sta	tistics	Board of Health	Board of Health/Agent for: SOUTHBOROUGH						
PERMIT	State Tracking #	056152		Local Permit#	Local Permit # 05-19						
PER	Date DECEMBER 17, 2015			Date	Date DECEMBER 17, 2015						
	Nam				JAMES	F. HEGARTY					
z	I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:										
017	Place of Disposition (Facility Name and Address)				Signatur	·e					
M A											
FIR					X						
CONFIRMATION	Disposition Type		Date of Dispositi	on	Name of Superintendent or Authorized Designee:						
٠							-				

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





PERMIT

State File #

2015 056152

Lic # 50277

TOWN CLERK'S OFFICE

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

2015 DEC 21 1 P 3: 14

MALE

SOUTHBOROUGH. MA Decedent Name BUZZELL, CLYDE WARREN 51 SCHOOLSTREET, SOUTHBOROUGH, MA Place of Death

Date of Death **DECEMBER 16, 2015** Date of Birth NOVEMBER 30, 1942

51 SCHOOLSTREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence

If U.S. veteran, specify war/conflict(s) (most recent)

VIETNAM

Branch of military (most recent)

Date entered(most recent) FEBRUARY 16, 1964 **FEBRUARY 16, 1970**

Date Discharged (most recent) Service Number(most recent)

Rank/organization/outfit(most recent)

Lic # 214152

Certifier KEVIN B. MARTIN, MD

Addr. 123 SUMMER STREET, WORCESTER, MASSACHUSETTS 01608

Immediate Cause of Death RESPIRATORY FAILURE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee NANCY G MORRIS

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type BURIAL

Date of Disposition DECEMBER 19, 2015 Place/Address RURAL, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH E-PERMIT State Tracking # 056152 Local Permit# **DECEMBER 17, 2015** Date Date Name of Agent

Signature

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Rural Cemetery

11 Cordaville Rd., Southborough, MA

Sec. M, Grv#386

Disposition Type Date of Disposition

Full Earth Burial December 19, 2015

Name of Superintendent of Authorized Designee: Bridget A. Gilleney-DeCenzo

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